

NAME OF HOSPITAL

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| HIPAA REGULATION | INDIVIDUAL RIGHTS | REFERENCE: 5.3 |
| SUBJECT: | RIGHT TO AN ACCOUNTING OF DISCLOSURES | EFFECTIVE: 00/00/2003 |
| DEPARTMENT: | HOSPITAL WIDE | |
| APPROVED BY: | | REVISED: |

To comply with our obligations under the privacy standards _____ has adopted a policy on an individuals right to an accounting of all disclosures of PHI that we made during the six years, starting April 14, 2003 prior to the date of the patient's request for the accounting.

POLICY: A PATIENT'S RIGHT TO AN ACCOUNTING OF DISCLOSURES

It is the policy of _____ to provide a patient with a list of times non –routine disclosures of confidential healthcare information has been made over the last six (6) years.

The organization does not have to comply with this policy if the information was:

- Used to provide patient care, payment for services or healthcare operations,
- Used for the organization's directory,
- Provided to employees responsible for the patient's care,
- Provided to national security or intelligence,
- If provided to correctional facilities or law enforcement officials, and
- Disclosures that occurred prior to April 14, 2003.

Please contact the person listed below with questions on this policy and/or to report violations.

Name:
Phone number:
Address:
Fax:

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| APPROVED BY: | | REVISED: |

To comply with our obligations under the privacy standards _____ has adopted the following procedures to facilitate an individuals right to an accounting of all disclosures of PHI that we made during the six years, starting April 14, 2003 prior to the date of the patient's request for the accounting.

PROCEDURE: A PATIENT'S RIGHT TO AN ACCOUNTING OF DISCLOSURES

A patient has the right to request in writing a list of times confidential healthcare information had been released over the last six (6) years.

The form "Request for an Accounting of Certain disclosures of PHI" will be available at _____

_____ will provide a written account of the times this information had been released including to business associates. This written account is to include:

- The date of release.
- Name of the person or entity and address who received the information.
- A brief description of the information released.
- A statement of the purpose for the information or, instead of a statement, a copy of the written request for the information.
- If multiple requests were made by the same individual or entity, the organization is to provide the frequency, periodicity, number of times the information was released and the date of the last release during the period requested by the patient.

If _____ disclosed the healthcare information for a particular research purpose for 50 or more individuals, we will provide:

- The name of the research activity.
- A description (in plain language) of the research activity to include the purpose and the reason used to select particular medical records.
- A brief description of the type of protected health information that was disclosed.

- The date or time period when the disclosures occurred including the date of the last disclosure.
- The name, address and telephone number of the organization that sponsored the research and of the researcher who received the confidential healthcare information.
- A statement that the confidential healthcare information may or may not have been disclosed for a particular research activity.
- Assist in contacting the organization that sponsored the research and the researcher upon request by the patient.

_____ is to act on the patient's request no later than 60 days after receiving the request.
 _____ will:

- Provide the patient with the list.
- Communicate to the patient the reasons why the list will not be prepared within 60 days.
- Communicate to the patient the date on which the list will be prepared.
- Complete the request within an additional 30 days.

_____ will provide the patient with the first request for a list in any 12-month period with no charge. _____ will charge the patient _____ dollars for each future request within the 12-month period. _____ will inform the patient in advance of the fee and offer the patient the chance to withdraw or modify the request to avoid or reduce the fee.

The patient's request for a list, a copy of the information provided to the patient and the titles of the persons or offices responsible for receiving and processing the request by the patient will be documented. This information will be maintained for a period of six years.

Please contact the person listed below with questions on these procedures, location of forms and/or to report violations.

Name:
 Phone number:
 Address:
 Fax: